PTO/SB/19 (05-03)
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PLANT PATENT APPLICATION **TRANSMITTAL**

	flormation unless it displays a valid OMB control number
Attorney Docket No.	
First Named Inventor	GARY NEIL ZAIGER
Title	PEACH TREE 'VISTA SNOW'
Express Mail Label No.	

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ADDRESS TO	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
	APPI IC	ATION ELE		A 22313	-1450				
See MPEP chapte		, .	nt patent application	n contents.		ACCOM	PANYING	G APPLICAT	TION PARTS
1.			7. Assignment Papers (cover sheet & document(s)) 8. 37 CFR 3.73(b) Statement Power of Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. Request Nonpublication under 35 U.S.C. 122 (b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.						
(for continuetion/divisional with Box 16 completed) i DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76.			Note: Ple	Note: Please state the Latin name and variety denomination of the plant claimed in a separate section of the specification.					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CER 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
17. CORRESPONDENCE ADDRESS									
Customer Number or Bar Code label (Insert:Customer.No.for:Attachibar.code) abelinere) OR X Correspondence address below					ndence address below				
Name LEITH MARIE GARDNER									
Address 1219 GRIMES AVE.									
City MODESTO State			te	CA	i	Zip Code	95358		
COUNTRY	USA		209-522-58	313	Telephon	Э	Fax		209-549-0119
Name (Print/Ty	/рө	LEITH	MARIE G	ARDNE	R	Registratio	n No. (A	ttorney/Ager	nt)
Signature Lock Mary Lander Date 4-6-04									

This collection of information is required by 37 CFR 1.53(b). The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	26	55	0	0

Co	mplete ii	Known		
Application Number				
Filing Date				
First Named Inventor	GARY	NEIL	ZAIGER	
Examiner Name				
Art Unit				
Attorney Docket No.				,

METHOD OF PAYMENT (check all that apply) FEE				ECALCULATION (continued)		
X Check Credit card Money Other None	e 3. ADDITIONAL FEES			S		
Order U	Large I	Entity	Small	Entity		
Deposit Account:	Fee	Fee		Fee	Fee Description	F D.::4
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Number Deposit	1052	50	2052		Surcharge - late provisional filing fee or	
Account	1032	30	2002	25	cover sheet	
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812		1812		For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920°	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840°	Requesting publication of SIR after	
to the above-identified deposit account.	_				Examiner action	
FEE CALCULATION '	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253		Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee 265.00	1402	330	2402	165	Filing a brief in support of an appeal	\square
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 265.00	1452	110	2452	55	Petition to revive - unavoidable	
		1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Total Claims 20** = X =	1503	640	2503	320	Plant issue fee	
Ctaims - 3" =	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Gescription Code (\$) Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 ČFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)	Other	fee (sp	ecify) _			
SUBTOTAL (2) (5)	*Redu	ced by	Basic I	Filing F	ee Paid SUBTOTAL (3) (\$)	
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SUBMITTED BY		(Complete (if applicable))		
Name (Print/Type)	LEITH MARIE GARDNER	Registration No. (Attorney/Agent)	Telephone (209)522-5813	
Signature	Luth Marin I ardy		Date 4-6-04	

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